

Public Employees Benefits Board

# Uniform Medical Conversion Plan Enrollment Form

This enrollment form is for Uniform Medical Plan conversion only. All other PEBB plan enrollees should apply for conversion directly with the plan in which they are currently enrolled.

• Type or print clearly in ink.

• Inaccurate, incomplete, or illegible information will delay your coverage.

## SECTION 1: Subscriber Information

Social Security Number	Last Name	First Name	Middle Initial
House Number	Street Address	Apt./Unit Number	Date of Birth
			<input type="checkbox"/> Female <input type="checkbox"/> Male
City	State	ZIP Code +4	County (Residence)
			Phone Number Work Home

## SECTION 2: Dependent Information (List family members you wish to cover)

Last Name	First Name	Middle Initial	Date of Birth	Relationship	Social Security Number
Last Name	First Name	Middle Initial	Date of Birth	Relationship	Social Security Number
Last Name	First Name	Middle Initial	Date of Birth	Relationship	Social Security Number
Last Name	First Name	Middle Initial	Date of Birth	Relationship	Social Security Number
Last Name	First Name	Middle Initial	Date of Birth	Relationship	Social Security Number
COBRA End Date	Conversion Plan Effective Date				

## SECTION 3: Conversion Plan Selection (Check one box, fill in premium amount)

<input checked="" type="checkbox"/> Plan I (\$500 deductible)	Premium	Comments
<input type="checkbox"/>		
<input checked="" type="checkbox"/> Plan II (\$1,000 deductible)		
<input type="checkbox"/>		

## SECTION 4: Signature

Your application and premium payment must be postmarked within 31 days after the date of termination of your group coverage. When you apply on time and pay the first month's premium, your coverage will be effective on the date your PEBB group medical coverage terminated. Your check or money order should be made payable to the State Treasurer.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**Uniform  
Medical Plan**

Your health. Your plan. Your choice.

**Return completed form and payment to:**

Health Care Authority  
676 Woodland Square Loop S.E.  
PO Box 42682  
Olympia, WA 98504-2682